

**NAVAL MEDICAL LOGISTICS COMMAND
LB-02-03**

NOTICE OF CONTRACTING OPPORTUNITY

**APPLICATION FOR
NAVY CONTRACT POSITION
LB-02-03
March 17, 2003**

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE APRIL 7, 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02 (ATTN: 22A)
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 02 , ATTN: 22A

A. NOTICE. This position is set aside for individual Athletic Trainers only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. Athletic Trainer. The Government is seeking to place under contract an individual who possesses current Certification in Athletic Training through the National Trainers' Association (NATA) Board of Certification. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

Services shall be provided at Naval Special Warfare Group, Virginia Beach, VA.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0700 and 1630. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue 8 hours of personal leave, to be used for both planned (vacation) and unplanned (sickness) absences at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

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II. STATEMENT OF WORK

A. THE USE OF "COMMANDING OFFICER" MEANS: Commanding Officer, Naval Special Warfare Group, Virginia Beach, VA, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. The ATC shall perform a full range of Certified Athletic Trainer duties, within the scope of this statement of work, on site using government furnished supplies and facilities. Services shall include physical rehabilitation, nutrition, and comprehensive Certified Athletic Trainer Services. You shall develop and implement protocols to minimize injuries, optimize specific skills, and maintain levels of performance of mission-specific skills during prolonged deployments. Workload occurs as a result of scheduled and unscheduled requirements for care. Your primary duty shall be to provide services for SEALs/SWCC members and active duty support staff.

Administrative and Training Requirements. You shall:

1. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the ATC shall be required to read and initial the minutes of the meeting.
2. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to nursing care and attend annual renewal of the following Annual Training Requirements provided by the Medical Training Facility: Family advocacy, safety training, disaster training, infection control, Sexual Harassment, and Bloodborne Pathogens.
3. Provide training and guidance, as necessary, to supporting employees assigned to you during the performance of rehabilitative procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted athletic trainer treatment protocols. You will perform professional clinical standards and accepted athletic trainer treatment protocols. You will perform administrative duties, which include maintaining statistical records of clinical workload, participating in education programs and medical research, preparing documentation for medical boards, and participation in clinical staff quality assurance functions as prescribed by the Commander.
4. Actively participate in the Organizational Performance Improvement Plan.
5. Participate in the family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate documentation and reporting.
6. Maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This certification will be provided by the Navy.
7. Maintain NATA Certification. The Command will allocate time for attendance to two annual convention or course utilized for completion of the continuing education units required to maintain NATA Certification.
8. You must be eligible to receive a Secret security clearance. This process generally takes about three weeks.

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Clinical Duties. Your actual clinical performance will be a function of the overall demand for Certified Athletic Trainer services. Productivity is expected to be comparable with that of other individuals performing similar services. Your primary function shall be to treat injuries sustained during rigorous physical and operational training required to maintain the combat readiness of the Navy Special Operations Forces. All services performed shall fall within those guideline established by the American College of Sports Medicine and National Athletic Trainers Association. You shall:

1. Function as an NATA certified ATC within the medical department of CSBR1 under the supervision of staff Medical officers. You will adhere to the departmental and CSBR1 chain of command.
2. Provide consultation both to and from the medical officers of CSBR1 and the physicians within the Department of Orthopedics at NMC San Diego. You shall provide treatment and medical education to the SEALs/SWCC and active duty support staff as directed. You are responsible for a full range of direct treatment and rehabilitation as ordered by the staff Medical Officer.
3. Document all injuries and treatment rendered. Your assessment may be a factor in light duty or limited duty determinations where there is a question of physical ability or potential for injury.
4. Provide athletic therapy/physical rehabilitation treatment of injuries incurred by SEALs/SWCC or active duty support staff including, but not limited to, the following: Progressive Resistance Exercise (PRE), Open and Closed Chain Kinetic Exercises, Proprioceptive Neuromuscular Facilitation (PNF), manual therapy and joint mobilization, hydrotherapy, hydrocollator, cryotherapy, ultrasound, phonophoresis, iontophoresis, and all varieties of muscle stimulation. This shall require familiarity with the application of the following equipment; KINCOM Isokinetic elevation and stimulation, ski machines, stair machines, treadmill exercisers, gravitron, free form weights and universal machines, BAPS board, aquatic therapeutic devices and instruction in therapeutic, corrective and rehabilitative exercises using specific equipment and strength training devices.
5. Provide treatment for soft tissue damage, acute and chronic edema, post-surgical edema, muscle atrophy, pain, overuse injuries, decreased circulation and loss of strength due to injury or biomechanical imbalance.
6. Provide weekly follow-up evaluation.
7. Design and fabricate protective pads, equipment and braces for the prevention and treatment of injuries including the use of proper taping techniques. Provide training in proper taping and wrapping techniques to protect the physical welfare of command personnel and to reduce the number and severity of training injuries.
8. Maintain daily contact with the staff Medical Officers regarding the follow-up evaluation, i.e. functional status and treatment rendered, as well as weekly progress made by the individual.
9. Document all assessments, treatments and follow-up care rendered through either written reports or through computerized means on a daily basis. Treatment and follow-up records on each individual requiring services shall document cause, contributing factors, duration, diagnosis and follow-up for use in research and analysis to improve treatment and develop methods for injury prevention.
10. Develop and maintain a database that includes the capability to document, analyze and track athletic injuries, by type, status of functional disability, and projected dates for return to full duty status.
11. Notify the group medical officer immediately of injuries or conditions that require care beyond your scope of practice.
12. Identify nutritional requirements for specific mission identified skills (to include performance of those skills in extremes of temperature and altitude) and provide specific recommendations to meet those nutritional requirements.
13. Be responsible for the inventory, maintenance, storage and issuing of all equipment used to accomplish physical rehabilitation, nutrition, and athletic training functions. Assist in the preparation of the budget and supply

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requisitions. This includes replenishing exhausted supplies, preventative maintenance and presenting new rehabilitation equipment to the department Medical Officers for purchase consideration.

14. Provide instruction and guidance in courses relating to physical conditioning, injury prevention and recognition, pre-operative and post-operative rehabilitation, stretching, exercise physiology, posture and body mechanics.

15. Supervise active duty for training (ACDUTRA) medical students in the training room setting and be responsible for providing instruction in injury assessments and rehabilitation utilization of all indicated modalities, equipment, braces and treatment protocol.

16. Provide instruction and services in the area of applied anatomy, physiology of exercise, kinesiology and biomechanics.

17. Provide emergency first aid, evaluation and treatment of injuries, and aid in the preliminary diagnosis to include recognition of severity of injury, rendering initial treatment and performing initial examination.

PATIENT RECORDS AND DOCUMENTATION:

1. Maintain documentation of all treatment provided in accordance with clinic directives, and prepare such records and reports as may be required. All records and reports must be legible. Abbreviations must be only those listed in local instructions.

2. Verify the content and correctness of all prepared and transcribed reports within two working days by affixing an original signature to all copies of the document and validating its content or by computer input as appropriate.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you **MUST**:

1. Current Certification in Athletic Training through the National Trainers' Association (NATA) Board of Certification (provide a copy of certification with expiration date).

2. Experience of at least 12 months within the preceding 36 months as an athletic trainer with collegiate athletes, professional athletes, or military operations personnel.

3. Experience with Windows-based computer systems of at least 12 months within the preceding 36 months.

4. Letters of recommendation from three practicing physician's board certified in Orthopedics or Sports Medicine

or other physicians practicing Sports Medicine attesting to the health care worker's clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 5 years.

5. Possess U.S. employment eligibility per Attachment #3. Provide copies of supporting documentation per attachment #3 and Attachment I, Item VII.

6. Represent an acceptable malpractice risk to the Navy.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein. This may include a Master's degree in related specialties. Experience may be documented through additional letters of recommendation from former patients, supervisors, etc, then,

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2. The letters of recommendation required in item D.4 above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as they relate to this statement of work, etc, then,
3. Additional medical certifications or licensure, then,
4. Total Continuing Education hours, then,
5. Prior experience providing medical services to the military. If you were in the military, please provide a copy of your Form DD214.
6. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " Personal Qualifications Sheet – (Athletic Trainer) " (Attachment 1). *
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.4., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Athletic Trainer". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Handbooks.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.dlis.dla.mil/ccr/>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

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US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to *Laura Belluomo*, who may be reached at lbelluomo@us.med.navy.mil by fax at (301) 619-2925 or by telephone at (301) 619-3016.

We look forward to receiving your application.

ATTACHMENT #1
PERSONAL QUALIFICATIONS SHEET – ATHLETIC TRAINER

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

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Personal Qualifications Sheet – Athletic Trainer

I. General Information

Name: _____ SSN: _____
Last First Middle
Address: _____
Phone: (____) _____ e-mail: _____

II. Professional Education You must have a Bachelor's degree level education with an emphasis in Athletic Training:

Degree from: _____
(Name and location of the school where you received your degree)
Date of Degree: _____ (mm/dd/yy)
Master's Degree (Optional) _____
(Name and location of the school where you received your degree)
Date of Degree: _____ (mm/dd/yy)

III. NATA Certification Current certification with NATA (Section E, Item 1):

Date of Registration _____ (mm/dd/yy) Registration Number _____
(NOTE: Please provide a copy of your certification displaying the expiration date)

IV. Continuing Education:

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Basic Life Support, Equivalent to BLS - C.

Training Type listed on Card: _____
Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers. Experience must total at least 12 months within the preceding 36 months. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____
_____	_____	_____
_____	_____	_____

Work Performed: _____

Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____
_____	_____	_____
_____	_____	_____

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Work Performed: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work Performed: _____

Are you currently employed on a Navy contract? If so, where is your current contract and what is the position?

VII. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Attachment #3?	_____	_____

VIII. Professional References: Provide letters of recommendation from three practicing physician's board certified in Orthopedics or Sports Medicine or other physicians practicing Sports Medicine attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 5 years.

IX. Experience with Computer Systems: Identify the systems and software with which you have experience.

X. Additional Medical Certifications or Licensure:

XI. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

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ATTACHMENT #2
PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 9 June 2003 through 30 September 2003. Five option periods will be included which will extend services through 9 June 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Psychologists in the Lemoore, CA area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one full-time Athletic Trainer at the Naval Special Warfare Group, Virginia Beach, VA in accordance with this Application and the resulting contract				
0001AA	Base Period; 9 June 03 thru 30 Sep 03	656	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 8 June 08	1440	Hour	_____	_____

TOTAL CONTRACT _____

Printed Name _____

Signature _____

Date _____

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ATTACHMENT #3

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

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3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

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**ATTACHMENT #4
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.dlis.dla.mil/ccr/>. If you do not have internet access, please contact Contract Specialist #22R at (301) 619-3020 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02 (Specialist 22A)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT #5

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ___ Black American.
___ Hispanic American.
___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).